

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.	4					
TOTAL DEP.	19					
TOTAL CLAIMS	23					

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY